Barchester Healthcare Homes Limited

Badgeworth Court Care Centre

Inspection report

Badgeworth
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8, 9 and 12 March 2018 and was unannounced. Badgeworth Court Care Centre provides accommodation for 65 people who require nursing and personal care. 53 people were living in the home at the time of our inspection. Badgeworth Court Care Centre is set over two floors. The home has three units which support people with different needs. Each unit has a lounge and dining room with an adjacent kitchen. People have access to a garden, coffee area as well as a hair salon.

Following our previous inspection a new registered manager had been recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. Two regional directors were also supporting the registered manager to make the required improvements we identified at our previous inspection.

When we previously inspected this service in August 2017, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive personalised care, records did not always reflect the care people received and required and the provider's quality monitoring did not always address all the risks in the service. We rated the service 'Requires Improvement' overall. The provider had sent a report to CQC detailing the improvements they would be making to address the shortfalls we found.

At this inspection we found some improvement had been made however, there had been some delay in addressing all the concerns due to another management and several staff changes. Although the provider has started the process to rectify these issues since the inspection, they have yet to complete the works to ensure people's safety. We have again rated the service 'Requires Improvement' overall.

The provider had employed a new clinical lead to support with monitoring people's nursing care. We found an increased scrutiny of people's nursing care was taking place following our previous inspection. The clinical lead had a good understanding of people's needs and regular nurses meetings were being held to track and evaluate people's treatment. A range of checks and audits upon the quality and safety of the service were being completed on a daily, weekly and monthly basis. Some were effective and others required further work to embed them and to make them fully effective.

Action was being taken to improve people's care records. However, we found time was needed before these improvements would be completed in all people's care plans and daily records across the service.

The provider had not ensured that the required pre-employment information was available for all staff recruited to demonstrate their suitability for their role with people.

People received their medicines from nurses and senior carers as prescribed. However, improvements to

medicine practices were needed to ensure medicine were managed safely in accordance with current best practice guidelines.

We found following our previous inspection improvements had been made to the activities and social opportunities available to people. The service was making progress in ensuring people's end of life wishes were promptly documented in accordance with the provider's end of life procedures Throughout our inspection we saw examples of staff responding promptly to people's needs. However, more time was needed to ensure people would always receive staff support when needed, without delay, especially during meal times.

Staff told us they felt increasingly supported. Following our previous inspection staff had received additional training, team meetings took place and plans were in place for supervision to be completed.

Improvements had been made to the meal options and people and their relatives told us the quality of the food had improved. Systems were in place to gain the views of relatives and staff and improve communication.

At this inspection, we found some improvements had been made. However, the service had not yet managed to fully meet the legal requirements of the two breaches of Regulations we found at our previous inspection. We also identified two new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicine management and recruitment practices. You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines as prescribed. However, improvements were needed to ensure medicines would always be managed in accordance with current best practice guidelines.

Robust recruitment checks had not always been completed to ensure only suitable staff would be employed.

Staff knew how to recognise and report abuse.

The provider continued to review and adjust staffing deployment to ensure staff would always be promptly available when people required assistance.

Risks to people's health and wellbeing had been assessed and plans were in place to manage these.

Is the service effective?

Requires Improvement

The service was not always effective

People's needs had been assessed however, care records still required improvement to ensure staff would have up to date information about the care people required and had received.

People's health and nutritional needs were met and they had access to health and social care professionals. Improvements had been made to the meal options and people and their relatives told us the quality of the food had improved.

More time was needed to ensure people's records in relation to care decisions and their consent to care showed how people's rights had been upheld in accordance with current legislation.

Plans were in place to ensure people were being cared for by staff who had been adequately trained or supported to meet

their needs.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind and caring.

People were treated with dignity and independence was maintained.

Staff promoted people's independence and privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Further improvement was needed to ensure staff would always identify and respond to people's needs when they required support.

The service was making progress in ensuring people's end of life wishes were promptly documented.

Improvements had been made to the activities and social opportunities available to people.

People and their relatives' feedback were sought and taken into account when making improvements in the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

A new registered manager and deputy manager had been appointed and they continued making improvements to the service.

Checks and audits were taking place to monitor the service quality and mitigate risks. However, more time was needed to ensure these systems would always effectively drive improvements and reduce risks to people.

Staff and relatives felt more positive about the improvements being made and expressed confidence in the new management team.	

Badgeworth Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 12 March 2018 and was unannounced. The inspection was carried out by two inspectors, two pharmacy inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia.

Before the inspection, we reviewed information we held about the service including notifications. A notification is a report about important events which the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was gathered at the inspection.

Throughout the inspection we observed the support being provided to people. We also spoke with seven people who used the service, four family members and three visitors. We spoke with the events manager, the head chef, seven care staff, one nurse, the maintenance person, training co-ordinator, registered manager, deputy manager and two provider representatives. We also spoke with a best interest assessor and podiatrist who visited the service during our inspection.

We reviewed eight people's care files. We checked medicines records and observed staff members administering medicines to five people. We looked at recruitment records for four staff and a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People received their medicines from nurses and senior carers as prescribed. The 15 medicine administration records (MARs) we reviewed were fully completed. However, improvements to medicine practices were needed to ensure medicine were managed safely in accordance with current best practice guidelines.

One MAR chart had not been updated with the person's allergies. We also found that additional insulin recording charts were not always fully completed with people's details or insulin information to ensure safe administration. Medicines that were prescribed to be given as a variable dose such as 'one or two tablets' were not always recorded to show the actual quantity administered. This is particularly important to ensure that staff were aware if the maximum prescribed dose had already been given or if further doses could be given if required.

Fridge and room temperatures were being recorded daily, however the records showed that the fridge temperature was outside the recommended range. It was not clear if staff were resetting the thermometer after each occasion and there was no evidence that the temperatures had been investigated so medicines may not be safe or effective. Medicines were not always stored in conditions as advised by the manufacturers. We found two tubes of a medicated cream and a bottle of antibiotic eye drops which required cold storage being stored at room temperature. Opening dates were being recorded on liquid medicines, however we did find two bottles of ear drops which had this recorded but had not been disposed of within the 28 days required and also a bottle of eye drops with no date of opening recorded.

There were suitable arrangements for storing and recording medicines that required extra security. Staff had additional guidance for medicines prescribed to be taken 'when required' and they explained when medicines could be given. However some lacked detail on when the medicine should be administered. We also saw a number of protocols missing from records on the day of inspection this meant staff may not give doses of medicines as intended by the prescriber. Medicines incidents and errors were recorded and investigated, however we did find one medicine incident that had not been recorded. We were told this would be investigated following the inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service's community pharmacist provider had visited and reviewed the medicines management arrangement on 6 March 2018 and had made some recommendations, which included some of the concerns we found. The service was working on an action plan to ensure the home effectively managed people medicines, this included refreshing staff's medicine training.

The provider's recruitment policy was not always implemented appropriately and improvements were needed to ensure only suitable staff would be employed. Prior to starting work, the provider had carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's

background, including convictions, in order to help providers make safer recruitment decisions.

The recruiting manager had taken up references where staff had previous employment in health and social care to determine whether staff were of good character. It would have been reasonable to expect the recruiting manager to take the information provided in one staff member's references into account prior to making the decision whether they were suitable for the role and of good character. However, a record was not available to show how this information had been considered. One recruitment record did not note the dates of the staff member's previous employment or the reason they left. A record was also not available to show whether the recruiting manager had explored the gaps noted in another staff member's employment history. We could therefore not ascertain whether the provider had obtained staff's full employment history as required by the regulation.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building was secure. The front door was locked and the administrator checked visitor's identification before they were allowed onto the units. Staff received training in safeguarding adults and adhered to good practice guidance to safeguard adults from avoidable harm. Records showed potential safeguarding concerns were investigated promptly and action taken when needed in accordance with locally agreed multi-agency safeguarding procedures.

Following our previous inspection the provider had recruited more staff and increased their required staffing levels. The staffing on the Selwyn Paynes unit had been increased by two carers and extra housekeeping and laundry staff had also been recruited for the home. A new registered manager and clinical lead were also now in post.

Rotas showed that there had been occasions when due to unplanned absences the service had not been staffed in accordance with the number of staff assessed by the provider as being required. Staff and relative told us this placed staff under pressure at times. One staff member told us, "You never know what to expect when you come on duty, sometimes we have the right amount of staff but at other times it can be low and we are rushed off our feet."

The registered manager and deputy manager continued to review the staffing levels in relation to people's needs. We found some improvement was still needed, especially during meal times. To ensure staff worked together effectively and people received support promptly when needed.

The managers were taking action to improve staff deployment. For example, the deputy manager had recently taken over the staff rotas and had implemented a new system to roster the staff. They were working with staff to identify and address historical issues of staffing in the home. They wanted to ensure rotas were in place ahead of time to provide sufficient time for plans to be made in advance to cover any potential staffing gaps. Staff's response times to people's call bells were also monitored. Where response times had been longer than was acceptable by the provider this had been discussed with staff to identify any concerns as well as remind them to remember to put the bell off once they have attended to a call. However, improvements were needed to ensure records would be available to show the action managers had taken to investigate extended call response times.

We saw generally risks to people had been identified and plans had been put in place to keep people safe. These included assessment of risks in relation to falls, pressure ulcers, tissue viability, nutrition, choking, safe use of bedrails and manual handling. Where people were identified as being at risk of falls we saw there

were strategies in place to either reduce the risk of falls or the risk of injury in an event of a fall. For example, low beds, crash mats and floor sensors were in place as required to keep people safe.

One person's risk of developing a pressure ulcer had been reviewed as they became increasingly frail. Their care records described the dressing and treatment plan required and photos had been taken and dated of the wound to support the nurses to monitor treatment progress. The specialist community Tissue Viability Nurse (TVN) had also been involved in reviewing the nurses' treatment plans to ensure the most effective wound dressings would be used.

Personal Evacuation and Egress Plans (PEEP) were in place for each person, indicating the level of support they would need to evacuate the building safely. However, these plans needed to be updated to reflect people's current needs.

Staff adhered to processes to report and record any incidents or accidents so that these could be responded to and the team could learn and make any improvements required to service delivery to minimise the risk of an incident recurring. We saw that incidents were logged and the registered manager together with the clinical lead reviewed these for trends or patterns. For example, following the root cause analysis of a person's pressure ulcer additional pressure ulcer care had been sourced to further develop staff' skin in managing people's skin health

There continued to be processes in place to review the quality and safety of the environment and equipment. We also saw that safety checks were undertaken regarding gas heating systems, electrical appliances, water hygiene and fire safety. There were also regular checks on all equipment including lifting equipment, mattresses, wheelchairs, bed rails and call bells to ensure they were in safe working order.

Systems were in place to ensure infection control at the service. Additional cleaning staff had been recruited. The home was cleaned on a daily basis and cleaning staff followed a daily checklist of cleaning tasks that needed to be completed to ensure they were done. We saw all areas were clean, there was no clutter and the home was odour free. Staff wore personal protective equipment and washed their hands as required to prevent the spread of infection. The manager was planning to introduce infection control champions for each unit to support staff's knowledge and practice. The service recently had a sickness and diarrhoea outbreak and appropriate action was taken to control the infection.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 20 August 2017 we found the provider did not keep a comprehensive record of the care people required and received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made however, more time was needed to ensure all people's records will reflect their current care before the requirements of this regulation would be met.

When assessing people's needs, staff used universally recognised assessment tools that took into account nationally recognised evidence-based guidance. However, some improvement was needed to ensure people's care records would be updated promptly following admission or as their needs changed to ensure staff would always have up to date information about the care people required. For example, following discharge from hospital one person's nutritional care plan had not been updated to note that they were slightly dehydrated and needed more fluid.

People at risk of weight loss were weighed monthly and their food intake was monitored if required. Not all care plans we looked at had been reviewed monthly as per the provider's review process to ensure information in people's care plans would remain current. For example, one person had lost a significant amount of weight in a month when their weight loss was recorded in January 2018. However, their care plan had not been updated to note whether this weight loss was accurate and how it was to be addressed. We found records did not always show that another person's catheter had been changed at the required 12 week intervals.

There were several types of air mattresses in the home to support people's skin health. It was not clear what mattress settings were required for each person and whether they were accurate or not. We were told that air mattress settings would be found in the person's skin care plan however this was not recorded in the four people's care plan that we looked. Some time was still needed for nurses to complete the review of people's consent records to ensure they reflected decisions made in relation to for example, use of bedrails and crash mats.

Records were not always completed when people received nutrition via a PEG or when staff completed an advance and rotation of the PEG. A percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We found for one person no record was available for their 4pm nutrition on 24 February or the advance and rotate for week beginning 19 February 2018.

The provider did not always keep a comprehensive record of the care people required and received. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated.

Following our previous inspection improvements had been made to ensure people received the support they needed to eat and drink enough. People and their relatives all complimented the food and told us the

quality of the meals had improved. People were offered visual choices and staff provided an explanation of the meals being offered. They were offered a choice of drinks throughout the day.

The chef had worked with relatives to help understand people's nutritional needs and how they preferred to eat their meals. For example, one person who preferred to eat with their fingers was given one of the choices of meals cut up into bite sized portions. We observed them eating slowly using their fingers. Badgeworth Court Care Centre was piloting a new way of cooking meats (low temperature vacuumed cooking) to help retain the moisture in food and keep meat tender. They had also reviewed the menus developed to incorporate people's preferences. An additional chef was being employed to help make cakes and to expand the dessert menu.

People's range of dietary needs were catered for. One person said that they could not eat the planned dessert because they had diabetes but they would be offered something else. We noted that some people had pureed diets and their food was presented attractively with each item pureed separately. One person had a soft diet and they chose the chicken for lunch. A member of staff went to check with a senior member of staff that this was suitable for them.

The registered manager continued to complete their 'Nutrition Care and Dinning Experience' audits to identify shortfalls and plans were in place to improve the co-ordination of meal times to ensure improvements will be made and embedded across all dining rooms.

The provider had recently carried out a full dementia practice audit and reviewed the home's environment, the staff training and their interactions with people who live with dementia. This was to ensure dementia practices in the home met current best practice guidelines and to improve the staff's understanding of dementia care, person-centred approach and the use people's life history to provide better care. An action plan was being developed following this audit and the '10 60- 6 dementia project' would be begin to be implemented in June 2018 to address shortfalls found. This included redecoration of the home in line with current best practice guidelines.

The home was supported by a Barchester trainer who planned, delivered training and monitored the training of staff. A comprehensive induction programme was in place which was mapped against the Care Certificate standards for those staff new to care. As part of their induction, staff received training in topics relevant to their role such as, manual handling, infection control and safeguarding adults. A senior carer told us "When new staff come in I train them up." Nurses had received training in medicines administration and had also undertaken training relevant to people's specific needs, for example diabetes care, syringe driver use and catheterisation. Training was refreshed regularly and reinforced during discussions at staff meetings.

Following our previous inspection some staff had received end of life training and the clinical lead had requested additional specialist training for nurses from the community Care Home Support Team. This included training in Parkinson's care, end of life care, recognising when people's health was deteriorating and pressure ulcer prevention. Some staff had received dementia training and plans were in place to ensure all staff received further comprehensive training in dementia care including understanding people's distress and creating dementia friendly environments and activities. Time was needed for these planned learning activities to be completed to ensure all staff would have the knowledge and skills to support people safely and effectively.

Staff felt supported in their professional development. The registered manager told us due to the recent staff handover individual staff supervisions had not taken place at the provider's required frequency.

However, regular team meetings and daily head of department meetings were held during which staff were reminded of their responsibilities in relation to keeping people safe and received guidance on good practice.

People were supported by staff who had a basic understanding of the principles of the Mental Capacity Act 2005 (MCA). Staff had received MCA training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff demonstrated that they sought people's consent before they assisted people with their care needs. People told us that staff respected their wishes and they could make their own decisions. We saw that people chose what they wanted to wear and what they wanted to eat. They told us if people were unable to express their views, they gathered information about people from their relatives to ensure they understood people's preferences. People's care plans prompted staff to ensure they provided people with choices about their day to day care and support.

A care documentation audit completed in January 2018 identified that MCA information in some people's care plans needed to be updated and tailored to decisions made. A clinical meeting was held on 8 February 2018 to discuss further improvements needed to people's decision making care plans and nurses were to review and complete outstanding documentation. Time was needed for this review to be completed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When required the interim manager had applied to the local authority to gain authorisation to deprive people of their liberty, where alternative methods of support were not viable. Staff could describe how they supported people in the least restrictive manner.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support and we saw documented evidence of this. Care records included information about appointments with health and social care professionals. The service had a close relationship with the GP who visited the home every week to ensure people received consistency in respect of their health needs.

Care records evidenced examples of how staff had worked together and with other professionals to deliver effective care. We saw that visits from a dermatologist, optician and chiropodist had taken place. We spoke with a foot healthcare professional who said that staff worked well with them and they had no concerns about the care. A visiting best interests assessor said that the home made appropriate applications for DOLs authorisations to their team.

Good

Is the service caring?

Our findings

People continued to be supported by staff who were compassionate and caring. People commented, "I can confirm that I am in no way disappointed'', ''I am OK here. It's alright, it's not home but it's OK, ''The staff do their best . They work very hard'' and ''I like the carers here. They are all kind to me."

We observed that staff had developed a good rapport with people. We saw some staff spent time with and talking to people about the things that mattered to them. For example, we saw a staff member having a conversation with people about a dog show and the pets they used to have when living at home.

We observed relaxed and positive interactions with people and staff in the lounge and dining room. Staff asked people what they wanted to eat and drink and offered people choices of meals and where to eat their meals. They understood people's different communication needs and how to communicate with them effectively. The ways in which people expressed their views and the support they needed to aid communication and reading were recorded in their care plans. For example, we saw two people had their reading glasses on as stated in her communication care plan. Two staff members helped people out of their wheelchairs and into comfortable chairs; this was done with skill, kindness and good humour.

People told us their personal care was provided in a way which maintained their privacy and dignity. For example, staff ensured the door was closed and that people were not unnecessarily exposed whilst being assisted with personal care. People were well-dressed and well-groomed which helped to maintain their dignity. Information was recorded in people's care plans about how they liked their dignity and privacy maintained. For example, one person liked the curtains and door closed whilst they were in their nightwear. At lunch time we saw staff help people to put on tabards to protect their
Staff encouraged people to maintain their independence. Care plans stated the tasks people were able to do for themselves and the tasks that people needed support with. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. One relative praised the progress of their father's mobility since living in the home. They said, "He is doing really well. He is eating better and his mobility has come on well since living here."

Staff supported people to maintain relationships with relatives and friends which helped to avoid people becoming socially isolated.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in August 2017 we found people living with dementia did not always have opportunities for meaningful engagement during their day. Staff responsiveness also required improvement to ensure people's needs would be met promptly, especially during meal times. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made however, more time was needed to ensure people would always receive staff support when needed, without delay, before the requirements of this regulation would be met.

Throughout our inspection we saw examples of staff responding promptly to people's needs. For example, one person complained of pain in their legs. A staff member discussed it with them and then they both agreed to try a pain killer.

However, we found that staff did not consistently respond promptly when people required assistance. For example, we saw one person fall and two people became agitated with each other in the lounge and during both incidents staff were not present and we had find staff to assist people. One person sat at the dining room table with no meaningful activities, they entertained themselves with the cutlery and the vase of flowers on the table for two hours, before staff engaged with them. One resident in Norwood Unit looked very anxious and upset, but staff did not notice or try to help. This person relaxed and brightened up when we sat next to them and had a chat. The deputy manager had introduced a tool to assist staff in recording and understanding people's behaviour and triggers to support them to identify when people might require reassurance. More time was needed to ensure staff would always respond to people's needs when they required support.

During our lunch time observation on 8 March 2018 on Norwood unit the lunchtime period appeared chaotic and people had to wait to receive the support they required. We saw people were having their meals served to them at different times. Staff did not always pick up promptly when people required support. Two people ate mushroom stroganoff with their fingers and one person called out they were thirsty but staff did not pick up that these people required support. Two people became agitated with each other and again this was not noticed by staff so that support could be provided to limit the impact on people's dining experience. It was not until much later in the afternoon, around 3pm when another person had not gotten up from the table, that staff began to realise that they had not eaten their meals and some assistance might be required.

One person had been reviewed by the community Speech and Language Therapist and required a soft diet (fork mashable) served with a spoon. On 8 March 2018 we observed the staff member supporting this person with her food had not mashed their food as required. On 9 and 12 March 2018 we observed they received the correct texture but were supported with a fork not a spoon as noted in their care plan.

People did not consistently receive the support they required during meal times. This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our meal time observations on 9 and 12 March 2018 was positive and the dining room was calmer, staff worked well together and people received their meals and support promptly. We observed good interaction between people and staff, people were smiling, engaged in conversation and seemed to have a pleasant dining experience.

We found following our previous inspection improvements had been made to the activities and social opportunities available to people. The home employed three dedicated activity staff to provide daily group and one to one activities. The activities team had made progress in developing the daily activities programme and told us of lots of ideas they had for future weekend and evening activities. The activity programme included for example, fitness, flower arranging, mind song and art classes. The activity staff knew people's activity preferences and could describe how activities had been tailored to meet individual needs. One activity staff member told us ''[Name of person] loves her music, and [Name of person] used to be a mechanic so he likes doing things with his hands.''

People and their relatives felt the type and frequency of activities had improved. Two visitors told us they had noticed a big improvement at Badgeworth Court Care Centre in terms of offering things for their relative to do. We found staff were also engaging people on an individual basis in activities. For example, we saw a member of staff sitting with a person looking at a book together.

Music was being played in one lounge and a staff member danced and sang with a person while others looked on and smiled and cheered. One person said they had enjoyed the singer who visited recently and performed songs from the 1950s. A visitor told us told us their loved one (who does not usually speak) smiled and said to the singer ''I like your dress.'' We observed an inclusive 'armchair fitness' session, run by an external provider. A monthly newsletter was produced in large print called 'daily sparkle' which provided people with historical and factual information of interest and quizzes.

When we completed our previous inspection on 20 August 2017 we found concerns relating to people's end of life care planning. At this time this topic area was included under the key question of Caring. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of Responsive. Therefore, for this inspection, we have inspected this key question and also the previous key question of Caring to make sure all areas are inspected to validate the ratings.

We found some staff had received end of life training following our previous inspection. We looked at two people's end of life care plans and found their resuscitation wishes had been recorded and the community palliative care team and the GP had been involved in their care planning. The GP had prescribed anticipatory medicines this would ensure medicines for end of life symptom control were available so that nurses could give this medicine if required without unnecessary delay. A relative told us they were happy with the end of life care their loved one was receiving and felt staff were compassionate and caring. One person's care plan clearly documented the person's hopes, concerns for the future and how they wished to be cared for at the end of their life, however the other person's care plan did not include this information. The service was making progress in ensuring people's end of life wishes were promptly documented in accordance with the provider's end of life procedures. More time was needed to ensure sufficient information about peoples personal end of life care wishes would always be incorporated in their care plans so that staff could personalise people's care to meet their individual preferences.

Each person had a series of person centred care plans based around outcomes they wanted to achieve. This included information about their personal history, activities that they found to be meaningful, their health, preferred routines, abilities, interests, social and cultural needs and family contacts. For example, one

person's care plan gave staff guidance on the management of their epilepsy and actions staff should take if they were to experience a seizure. For people living with dementia who were prone to depression, tools were in place to assess their wellbeing so that appropriate mental health support could be provided when required. People's care plans included information about how they liked to be supported for example their sleeping routines and food preferences. Information about people's gender, nationality and culture was recorded so that any needs would be met. Each person had a care plan about their cultural, spiritual and social values.
However, we found the quality and currency of the information varied between care plans. For example, life histories for most people were in place which included how they wished to spend their time although some had not been updated and did not reflect people's current abilities to participate in activities.

Systems were in place to help staff keep informed of changes in the management of people's needs and the running of the home such as detailed handover meetings. Daily stand up meetings also occurred with representatives of all units and departments to keep staff up to date with people's needs and share any concerns.

The complaints policy was displayed in the home. This policy detailed the procedures for receiving, handling and responding to comments and complaints. The provider had a system for documenting and investigating complaints. We looked at a recent complaint investigation and saw the registered manager had made adjustments following a relative's complaint to ensure continuity of care for a person. Management explained that they encouraged people to speak with them about concerns openly and they did this through regular resident and relatives' meetings.

Meetings were held regularly for people living at the home and their relatives where they could give their views on how the service was run. They discussed the running of the service as well as the food menu and activities. We saw evidence that these meetings were recorded and that the service took necessary action following suggestions made at these meetings.

Requires Improvement

Is the service well-led?

Our findings

When we completed our previous inspection on 20 August 2017 we found the systems in place to assess, monitor and mitigate risks to people's health and safety had not always been implemented. The provider had failed to identify all the issues that required improvement and where people may as a result be at increased risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider's monitoring systems were being implemented however, further time was needed to ensure these would always be effective in driving improvements before the requirements of this regulation would be met.

At this inspection we found some improvements had been made. A range of checks and audits upon the quality and safety of the service were completed on a daily, weekly and monthly basis. Some were effective and others required further work to embed them and to make them fully effective.

Daily and monthly checks were completed, to ensure staff had checked whether people's bedrails remained safe to use. Records showed daily bed rail checks had been completed, however we found one person's bedrails were broken and was covered with a duvet rather than a bumper. Monthly routine inspection of the bed rail had identified a duvet was being used as a bedrail bumper on 24 November 2017 however subsequent daily checks inaccurately continued to show the bedrail was safe to use. Action was only taken to replace the bedrail when we brought this to the registered manager's attention.

Recruitment checks had been completed however, these had not been effective and had not identified the shortfalls we found in relation to unexplained employment gaps.

Provider's current action plan showed that care plan audits had identified shortfalls in relation to people's mental capacity assessments, end of life care plans and general care planning on 11 August 2017, 19 October 2017 as well as 8 February 2018. Where these issues had been identified it was not clear from the action plan what progress had been made and we continued at this inspection to find shortfalls in relation to people's care plans, mental capacity assessment records and end of life care plans. Although the provider's monitoring systems had identified these shortfalls continuously over the past six months these had not lead to sufficient improvement to meet the regulations.

The failure to operate fully robust and effective systems to assess, monitor and improve the quality of the service provided was a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found other audits had been effective in identifying and driving improvements. For example, the registered manager's analysis of falls during January and February 2018 identified that mornings were the most frequent time for falls especially around 8am. To reduce the frequency of falls in the morning the registered manager altered staff starting times from 8am to 7:45am which left night staff to support people until the handover from night staff from day staff was completed. This had reduced the number of falls.

The registered manager had identified following a records audit in February 2018 that improvements were needed to ensure when people received nutrition via a PEG this would always be recorded as well as the PEG rotation. They had introduced a new system that required two staff and checked by the nurses at the beginning and end of each shift. They continued monitoring the effectiveness of this new system to ensure shortfalls would be identified promptly.

The provider had employed a new clinical lead to support with monitoring people's nursing care. We found an increased scrutiny of people's nursing care was taking place following our previous inspection. The clinical lead had a good understanding of people's needs and regular nurses meetings were held to track and evaluate people's treatment. Heads of departments and the units were required to attend a short daily meeting where the managers discussed and reflected with staff on people's clinical and critical needs such as end of life, pressure care, health, malnutrition and admissions, staffing levels and resident of the day. The deputy reinforced and reminded staff of key clinical activities which needed to be achieved such as changing of dressings, catheters and any monitoring of people

Regular health and safety checks were being carried out on fire safety systems, water management, hoist, slings, lifts, utilities, call bells and regular fire drills with records showing the action taken to improve fire drills when this was required.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. The service's CQC rating from their last inspection was displayed on their website and a copy of the inspection report was available in reception for people and relatives to access.

We received mixed views from relatives about the quality of care being provided. Most relatives felt that the quality of care and the management of the home was improving and felt confident that the management and provider were taking adequate steps to improve the experiences of people living in the home. However, some relatives felt that there was not consistency in quality of care of care for their loved one. One relative told us, "We (relatives) have been promised a lot by the managers. There have been some improvements but it is patchy."

The registered manager had experience of running a care home. We revived mixed views from the staff about the home's progress and management of the home. One staff member said, "Things here are moving forward. It hasn't been good at times, but I think things are changing. The managers are good; they seem to listen to us." Another staff member said, "It has been getting better but we are losing a lot of good staff". The registered manager said they were planning some team building exercise to assist with supporting closer working between new and existing staff and improve communication in the staff team

At this inspection, we found that the provider had started to act on the risks and shortfalls that had been previously identified. Whilst we recognised that improvements were being made to the service's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and have not yet been completed or sustained in the longer term to be fully embedded in practice. Progress had been delayed whilst the new registered manager and deputy manager familiarised themselves with the service and the provider's systems as well as a number of new staff had been employed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Failure to provide person-centred care and treatment that met people's needs and preferences. This was a repeated breach of Regulation 9 (1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to comply with the proper and safe management of medicines. This was a breach of Regulation 12 (1)(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to operate fully robust and effective systems to assess, monitor and improve the quality of the service provided was a repeated breach of Regulation 17 (1)(2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to protect people by ensuring that all of the evidence required within schedule 3 was available for all staff. This is a breach of 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.